

Emergency Contact Information Form

Child's Name	Date of Birth M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
Parent's/Guardian's Name	Parent's/Guardian's Name	
Cell Phone Work Phone	Cell Phone Work Phone	
Address:	Address:	
City, ST ZIP Code	City, ST ZIP Code	
Email Address	Email Address	
Is there a legal document affecting child custody rights? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Emergency Contacts		
In the case of an emergency, we always try to contact parent/guardian first. However, we are required to have an emergency contact other than the parent(s).		
Primary Emergency Contact	Secondary Emergency Contact	
Cell Phone Work Phone	Cell Phone Work Phone	
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	
Additional Pick-up Authorization		
These people are authorized to pick up your child and must show photo ID.		
Name:	Phone number:	Relationship:
Name:	Phone number:	Relationship:
Name:	Phone number:	Relationship:
Stay Connected with Campus		
The University of Oregon places the security and safety of its students, employees and visitors as its highest priority. Parents and Guardians can stay informed by bookmarking the UO alerts page. https://alerts.uoregon.edu/		

Health Permissions and Medical Information Form

Child's Name: _____

Date: _____

Allergies

** Allergies may require an allergy plan on file prior to program participation**

Does your child have any food allergies? Yes No

If you answered yes, please provide details below:

Please check mark the following places your child can be around the allergen?

Does your child have any non-food allergies? Please list below:

Table

Room

Building

Is medication needed? If so, explain:

University of Oregon does not have Epi Pens on site for general emergency use. An allergy plan should be on file prior to program participation.

Medications

Is your child currently taking any medications? Yes No

Please list if applicable:

Special health considerations we should be aware of:

My child may be given prescribed medication with written parent consent Yes No

My child may be given non-prescribed medication with written parent consent Yes No

Parent's/Guardian's Signature _____

Date _____

Medical Information

In the event of an emergency, staff members will call 911. The parent or guardian of the child is notified as soon as possible.

Hospital/Clinic Preference _____

Physician's Name _____

Physicians Phone # _____

Insurance Company _____

Insurance Phone # _____

Policy Number _____

Sick child policy

I understand that if my child becomes ill, I will find alternative care until my child is symptom-free (of fever, diarrhea, vomiting, communicable disease as defined by Lane County Health department) for 24 hours.

Parent's/Guardian's Signature _____

Date _____